S. No. 2
M—8-43
7. 5-17-39
I X37823

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17096

Registration District No. 148 Primary Registration District No. 5566 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Rural; Kaolin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 miles West of Banner (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. 2 miles west of Banner (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rosetta Harbison

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Fem

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Edward Harbison

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased June (Month) 12 (Day) 1880 (Year)

8. AGE: Years 64 Months 10 Days 29 If less than one day hr. min.

9. Birthplace Iron County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Nelson Bell
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Mary E. Harbison
15. Birthplace (City, town, or county) Iron County Missouri (State or foreign country)

16. (a) Informant Edward Harbison

(b) Address Banner Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-13-45 (Month) (Day) (Year)

(c) Place: burial or cremation Banner Missouri

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ancel White Ironton Mo.

19. (a) May 20 45 (Date received local registrar) (b) Mrs J C Ricketts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1945 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from DID NOT SEE HER ALIVE, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Failure	
Due to	
Due to	
Other conditions Obesity (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 66.5

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Geo P. Lenkel Coroner (M.D. or other)

Address Ironton, Missouri Date signed 5/12/45

1098 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 41

District File Number 645-742

Date Filed 6-11-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Ancel J. White

Licensed Embalmer No. 2012

P. O. Address Trenton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.